Express Mail No.:

EL984585723US

Date Deposited:

02/06/2004

PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECOR									D Application or Docket Number 5820.646					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER T		
FOR			NUMBER FILED			NUMBER EXTRA			E	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))										§ 385	OR		\$ O	
TOTA	AL CLAIMS CFR 1.16(c))	21	21 minus 20 =			* 1			_	9	OR	x § 18 =	0	
	EPENDENT CLA	IMS 9	9 minus 3 =		* 6			x <u>43</u> =		258	OR	x 86 =	0	
MU	ILTIPLE DEPEN	DENT CLAIM PRÉ	LAIM PRESENT (37 CFR 1.16)			(d)) O			+ 140 = 0		OR	+ 280 =	0	
* If the difference in column 1 is less then zero, enter "0" in column 2								TOTA	۱L	652	OR	TOTAL	0	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L E	NTITY	OR	OTHER T		
ENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIC NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RATI	Е	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total (37 CFR 1.16(c))	*	Minus	** 2		= 0		x \$_9_=	_=	0		x \$_18_=	0	
\ME	Independent (37 CFR 1.16(b))	*	Minus	*** 3		= 0		x 43	=	0		x <u>86</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 140	_=	0	OR	+ 280 =	0	
(Column 1) (Column 2) (Column 3)							AD	TOTA DIT. FE		0	OR A	TOTAL DDIT. FEE	0	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE x \$ 9 =	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ZDN.	Total (37 CFR 1.16(c))	*	Minus	**	····	=] [0 OR OR OR OR		x \$=	0	
ME	Independent (37 CFR 1.16(b))	*	Minus	***		=		x _43	_=			x <u>86</u> =	0	
A	FIRST PRESENTATION OF MULTIPLE DEPI			PENDEN	ENDENT CLAIM (37 CFR 1.16(d))			+ 140	.=	0	OR	+ _280_ =	0	
(Column 1) (Column 2) (Column 3)							A	TOT DDIT. F		0	OR _A	TOTAL DDIT. FEE	0	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		x \$ 9 = x 43 =	E	ADDI- TIONAL FEE	OR OR OR	RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*	Minus	**		=][-=	0		x \$ <u>18</u> =	0 .	
	Independent (37 CFR 1.16(b))	*	Minus	***		=] [_=	0		x <u>86</u> =	0	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 140	_=	0	OR	+ 280 =	0	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										0				

SEND TO:

Mail Stop Patent Application Commissioner For Patents, PO Box 1450 Alexandria, VA 22313-1450

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16774242

CLAIMS AS FILED - PART I(Column 1) (Column 2)								SMALL ENTITY			•	THAN
	OTAL CLAIMS		(Column	(דו	(Colu	ımn 2)	1.	TYPE [OR	SMALL	ENTITY
TOTAL CLAIMS			4					RATE	FEE	_]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			U mii	nus 20=	• /			X\$ 9=	9	OR	X\$18=	/
INI	DEPENDENT C	LAIMS	9 m	inus 3 =	. 6)	Ì	X43=	258	OR	X86=	7.
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	652	-∤ ∣	TOTAL	720	
CLAIMS AS AMENDED - PART II									.0.2	J	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		`X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)	^	DDIT. FEE		, ,	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											-
								+145=		OR	+290=	
	·							TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		(Column 1)		(Colum	n 2)	(Column 3)			. •			
ᇎ		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						· -	-+		OR	1.00-	
* 15	the entry in selec-	nn 1 ie laan than th				2	Ŀ	145= TOTAL		OR .	+290=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2."									OR A	TOTAL DDIT. FEE	
T	The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											